9.

OBSERVATIONS OF THE RATIONALE OF CERTAIN SO-CALLED DRINK CURES.*

By J. FOSTER PALMER.

I have no intention of giving here an exhaustive scientific disquisition on the treatment of dipsomania. My object is only to bring forward a few clinical and common-sense observations on certain matters which are constantly being brought to our notice.

I would begin by postulating that drink-cures, in the common acceptation of the word, do not exist, and that if they did exist they would be useless. By this I mean that a drunkard is essentially deficient in self-control, and that if his drunkenness is cured by some extrinsic agency in which the will takes little or no part, his defective will-power will break out again in some other direction. And many, I think, will agree with me that there are worse evils in the world than drink. Surely, if drink has slain its thousands, licentiousness has slain its tens of thousands, while the greed of gain has wrought more mental and moral deterioration than the two together.

The multiplication of new drugs is the bane of medicine, and the widely spread belief in quackery and patent medicines shows that with all our boasted advances in civilisation, our improved methods (both in saving and destroying life), folly and credulity are still as rampant as when the physicians of Charles II., having exhausted the pharmacopœia of the day, treated the dying king to a draught of "Spiritus Cranii Humani," followed by "Lapis Goæ" (a mixture of gold and

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precious stones reduced to powder) and "Lapis Benzoard Orientalis" (the product of some disease in goats). Truly there is nothing new under the sun. In the "Lapis Goæ" we have an anticipation of the modern gold-cure. "Spiritus Cranii Humani" certainly suggests the more recent administration of pituitary gland substance; while "Lapis Benzoard Orientalis," as a product of disease, is clearly the precursor of the present day antitoxic sera.

The exaggerated belief in the power of drugs appears to be inherent in the human mind, and to depend largely on a very widespread desire to escape the penalty of wrong living. We expect to be able to lead a life of habitual self-indulgence, breaking all physical and moral laws, and yet to avoid the result which always awaits it. "Cannot I," says a recent thoughtful writer, "by swallowing some medicine, be delivered from the miseries of unstrung nerves, which have been deranged by years of unwholesome excitements? The scientific physician," he continues, "knows that it is impossible, and that it is for the welfare of man that it is impossible." *

The belief in drink-cures is a type of this kind of credulity bordering on superstition. A habit which has become part of a man's nature, which has been for years steadily undermining his mental, moral and physical being, is expected to be "cured" by swallowing a few doses of some antidote. A temporary distaste for alcohol may, no doubt, be occasionally induced, and this would be of some assistance in taking the first steps. But this does not constitute a cure. The condition is abnormal, and will, sooner or later, pass away, leaving the habit to return in all its former vigour.

There can, indeed, be no substitute for patient and conscientious perseverance. A disease (whether of moral, mental or physical origin) which has been for years growing in strength and activity cannot, in the nature of things, be cured in a month. Sudden cures, like sudden conversions, are always liable to suspicion, and are disappointing to those who expect much from them.

* *Thoughts of a Physician*, chapter on "Quackery".

In both cases the direction of the will may be changed, but the actual change of life habits is a far longer and more tedious process. We all know the ancient tale of the man who was a slave to profane swearing, and was suddenly "converted" at some religious meeting. He at once went home and told his wife that he was d—d well saved, and had begun to lead a b—y new life. He was perfectly honest, no doubt, but he had not yet taken the first steps; he had not commenced the actual struggle with the foe, nor realised its magnitude. So too, in that great work of fiction, the greatest of the nineteenth century, Victor Hugo's *Les Misérables*, it was *after* his actual conversion that the hero, Jean Valjean, robbed the little Savoyard, although his future life was so noble.

In the same way the craving for drink may be curable; but a sudden and abnormal cure, in which the action of the will takes little or no part, is usually unsatisfactory, and always open to suspicion. On the other hand, if the will is good, and strong, and honest, there are many things that will assist the cure. Still, the real permanent cure of a confirmed drunkard is, after all, especially in the female sex, a somewhat rare occurrence.

The actual pathology of habitual drunkenness I must leave to the neurologists. There will probably be great divergences of opinion among them. To the ordinary clinical observer it seems to be due, speaking in somewhat vague and general terms, and disregarding local minutiæ, to some irritation of the nerve centres, functional or organic.

For general clinical purposes, drunkards may be roughly divided into three classes:—

(1) Those in whom the condition comes on spontaneously,

(2) Those who have cultivated an existing predisposition; and without any fault on the part of the patient.

(3) Those in whom it is simply part of a general system of self-indulgence, continued until it has become uncontrollable.

I have known some members of the first class who habitually pass the greater part of their lives in total abstinence, others in strict moderation. Then, suddenly, without any apparent cause or provocation, a terrible, uncontrollable craving takes possession of them, overmastering all their resolutions. A

week's debauch, ending, perhaps, in delirium tremens, is the result. This class, I believe, is not very large, but it appears to be the only class for which drink-cures can be of any possible advantage. The members of this class, as a rule, really and earnestly desire to be cured, and this is essential for a cure. Those of the other two classes would resort to a drink-cure, if one existed, when they found that their habits had become a serious injury or inconvenience to themselves, only to return to them on the first opportunity.

For the disease, when it *is* a disease, as in the first class, and not a mere condition of laxity of will, as in the second and third, there are, no doubt, many remedies which will assist the mental powers in overcoming the physical defect. But their action is natural and therapeutical, not miraculous, or even specific. Any cures that have been wrought by taking drugs, and we hear of them occasionally, are due to persistence (the result, perhaps, in some cases, of faith), not only in taking the antidote, but in abstaining, at the same time, from the poison. Without the patient's earnest co-operation the antidotes, and I have tried most of them, are absolutely useless.

The widespread belief in drink-cures is largely due to the popular delusion that what will cure one will cure all. This is the basis of quackery. If true, indeed, it would justify it. If remedies affected all alike, there would be no need for doctors.

The actual scope of these cures, however, seems to be extremely limited. But to the limited class to which they are adapted, there are some which have been found of value.

One of the earliest we hear of is bitter almonds. These were strongly recommended in the sixteenth century by Squarcialupus, an Italian doctor.* The action of bitter almonds would be obviously due to the sedative effect of the hydrocyanic acid they contain on the mucous membrane of the stomach, œsophagus and pharynx, the irritable condition of which is often the immediate exciting cause of the craving. It would, of course, leave the intrinsic causes unaffected, but might give the will a short period of freedom in which to assert itself.

* Waring's *Bibliotheca Therapeutica*, p. 227.

Early in the last century liquor ammoniæ was greatly in vogue in Paris. The action of ammonia would depend on the dose. In small doses it would, no doubt, allay the immediate cause of the craving by neutralising the gastric juice. In larger doses it would congest the mucous membrane of the stomach, and simply act as a substitute for alcohol, the only advantage being that it would pass more rapidly out of the system. In still larger doses it would check the craving for a time by causing sickness. In every case the action would be local and temporary.

More recently, and with greater reason, oxide of zinc has been employed. Zinc, by its action on the nerve centres may, no doubt, sometimes serve to sustain the physical forces at times when the spirit is willing and the flesh is weak. It acts as a nerve tonic.

In cinchona bark, which has also been highly extolled as a drink-cure, we have, in addition to the anti-periodic action of its alkaloids, the local astringent effect of the tannic acid it contains. This, of course, is purely local and temporary. Still it is quite conceivable that large doses of quinine, taken immediately the craving commences, might, if the will is good, sometimes succeed in warding off an attack. Judging from analogy, in its effects at the beginning of nasal and bronchial catarrh, it would sometimes be successful and sometimes not.

Arsenic is a still more hopeful remedy. If arsenic will cure disordered conditions of the skin, why not of the mucous membrane, if dipsomania is, in any sense, a disease of the mucous membrane. If arsenic acts on the skin through the nervous system, its action on this system may exercise some control over the irritated nerve centres of dipsomania; but unless the will be strong, there would always remain the danger of a relapse by the introduction of alcohol. The improved condition of the digestive functions might, indeed, in some cases, even encourage a return to former habits, and the last state of that man would be worse than the first.

Strychnia is a very obvious remedy. Its well-known action on the central nervous system, and its secondary local action

through this on the alimentary mucous membrane make it an ideal remedy both for the condition of the brain and that of the stomach. "It needs no ghost come from the grave" to tell us that a man with increased nerve-force will be able to exercise greater moral control over undesirable actions. But it does need a warning that this moral control needs to be kept up, and not allowed to lapse as the craving becomes less urgent.

Of the sedative remedies the bromides would seem, by the analogy of their action in epilepsy, to be the most promising, if their somewhat depressing effects do not militate against their usefulness. These, as well as chloral hydrate, butyl chloral, sulphonal, trional, opium, cannabis indica, cocaine and other remedies of this class merely act by deadening all the active faculties, including the craving for drink. At the same time they are liable to excite other cravings which are infinitely worse. Picrotoxin probably acts in the same way as a sedative to the nerve-centres. It is only a variant of the same class of remedies. Its effects have not yet been sufficiently tested to assign its exact position and value, but whatever its effects may prove to be, it will not change a man's nature nor prevent his returning to his former habits if he have a mind to.

Calomel and podophyllin represent another class of drugs which has been highly extolled, and which has, no doubt, been of considerable value in many cases. The purgative action, the emptying of the gall-bladder and the increased secretion from the intestinal canal will, for a time, relieve that congested state of the mucous membrane which is one of the immediate exciting causes of the craving for alcohol. In the case of calomel there is probably another and a special advantage in its germicide action. By virtue of this well-known power calomel would check any fermentation going on in the stomach, and would thus reduce, at any rate for a time, one, at least, of the causes which keep up the irritation of the mucous membrane, and through this of the nerve-centres.

One of the most promising of the remedies which have been put forward as drink-cures is capsicum. It is, undoubtedly, a useful and a reasonable one. Its action is some-

what different from all those we have already mentioned. It acts as a powerful irritant to the mucous membrane of the stomach. It thus satisfies, by its local stimulating action, the urgent craving, without, at the same time, introducing a large quantity of alcohol into the blood. It may also render the stomach unfit for the reception of further stimulants on account of its inflamed condition, and may even cause them, for a time, to be absolutely distasteful. It is, in many ways, an appropriate treatment, and may be of very great assistance when it is morally supported by a real and earnest desire to get rid of the craving. At the same time I can say, after some experience with this drug, that when given without the patient's knowledge and co-operation it is absolutely useless. And even if the patient's will be good and strong and rightly directed its exercise must be persisted in long after the remedy has ceased to be employed.

There remains to mention what is known as the "gold cure". The exact composition of the remedies employed in what is called the "Keeley" treatment is kept a secret. Chloride of gold is said to be the basis of them; but I have no doubt that its action, whatever it may be, is supplemented by some of those I have already referred to, and another that I intend to mention later.

If the drink crave can be cured by gold or silver or precious stones, or any substance in heaven or earth, so much the better. But when secret remedies are vaunted and advertised in a wholesale manner, it behoves us to be cautious in endorsing their value without some examination of the rationale of their action and the permanence of their results. In the particular treatment referred to, there are two or three points which are rather suggestive. In the first place, no patient is admitted except of his own free will. This, at once, proves two things. First, that he belongs to the first, or curable class, and, secondly, that he has already taken the first step towards a cure by the determinate action of the will. In the next place, if we examine the numerous testimonials from patients we find that their exaggerated and high-flown language indicates them as belonging to a class easily influenced

by hypnotic suggestion.* This, I have no doubt, forms, consciously or unconsciously, one part of the treatment. In the third place, the treatment is distinctly vigorous. I almost think that, if I had nothing else to do, I could produce a very decided effect on a patient who came to me entirely of his own accord, willing to submit to, and even believe in, any treatment I suggested, and I were able to pour medicine down his throat every *two hours* (a proceeding likely to make an impression on a patient independent of any medicinal action) and to give him a hypodermic injection four times a day. The only question is whether the effect would be permanent.

We are often surprised in the present day at the ubiquity of microbes and the number of unexpected diseases which have been traced to them. It has not yet been ascertained that drunkenness is due to a microbe. (At least, if it has, I have not heard of it.) If such a discovery should be made it is possible that the temporary craving, so far as it is a purely physical disease, may be relieved by some antitoxic serum. Such a cure, however, so long as human passions and human temptations exist in the world, would not necessarily be a permanent one. At the best it would, like any other drink-cure, only be successful so long as its effects lasted. Its permanent success would depend on the continued operation of the mind and will. By certain physical, as well as by certain metaphysical causes, a man's nature may, to all appearance, undergo a complete change. But there is a tendency in healthy subjects to return to their previous state when these causes cease to act. It is possible, no doubt, to produce in an habitual drunkard a positive loathing for drink. But let him not rely too much upon this. It is caused by some temporary and unnatural condition of certain organs, and when he returns to his former self he may, and probably

* There is certainly one case among the cures recorded at this institution in which the suggestion of hypnotic influence must be discarded. It is that of a confirmed opium eater three years old. This child used to take a grain and a half of morphia *per diem* and was cured. I need not say that this case was not recorded, as were most of the others, by the patient.

will, like Lysander in "A Midsummer-night's Dream," return to his former love. The mind must assert its control over the physical habit.

Of all the supposed drink-cures now in fashion, however, the cure by hypnotic suggestion is the most fallacious and the most dangerous. So long as the influence lasts it is possible that the hypnotised person may abstain from drink. But all this time his will-power is in abeyance. His will, being dominated (as he believes, for I give no opinion as to the psychological fact) by the stronger will of another, is necessarily becoming feebler and feebler day by day, until it is no longer able even to control his actions without this assistance. He is, to all intents and purposes, insane.* Lunacy, there is no doubt, may be induced by certain causes in highly neurotic people. What is called hypnotism is just the artificial production of insanity in such, and ought to be, in all cases, a criminal offence. A "person under hypnotic influence" is merely a euphemism for a manufactured lunatic. It is only by the exercise of a strong personal will on the part of the patient himself that the drink-craving can be really overcome. If he voluntarily abandons the exercise of the will altogether by allowing another to control it for him he will degenerate into a parasite; one, at least, of his mental faculties will be in abeyance, and when next the drink-demon visits his former dwelling-place he will find it empty, swept and garnished, with no remaining power of will left in it to mitigate his destroying influence. Even if the cure were a permanent one it would be dearly bought by the loss of individuality, reason, self-control and the freedom of the will. I would go further. I would say that a man had far better remain a drunkard to the end of his days than become a victim to induced insanity, the result of so-called hypnotic suggestion.

*That some psychical change takes place in all cases where hypnotism has been successfully carried out is evident from the fact that patients invariably respond to the hypnotic suggestion the second time more quickly than the first. In other words the will, the power of resistance to suggestion, has become weaker. This, I believe, is the universal experience of hypnotists.

PNEUMONIA AND PLEURISY.*

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ACUTE inflammatory affections of the lungs and pleuræ had been divided into two main groups about a century ago, but inflammations of the lungs and pleuræ frequently occurred together, and were often due to the same cause. Thus pneumonia involving any considerable portion of the lung, rarely occurred without some inflammation of the overlying pleura, and this accompanying pleurisy presented all degrees, from a slight roughening of the surface to the metapneumonic empyemas of children. Etiologically, however, while the pneumococcus was the great causal factor in acute pneumonia, the tubercle bacillus was the etiological factor in most cases of acute pleurisy with or without effusion. At the same time, the pneumococcus was a common cause of both, particularly in children. The predisposing and immediately exciting causes were also somewhat similar, particularly the exposure to chill and other depressing influences.

In regard to pleurisies the prognosis in pneumococcic empyemas was favourable as compared with those due to the streptococcus, the mortality being 3 per cent. as compared with 25 per cent. The bulk of empyemas in children were pneumococcic.

With regard to the ordinary pleurisy with effusion in adults the bulk of these cases ought to be regarded as tubercular, though the tubercle bacillus could be rarely discovered in the inflammatory products. The patient's future should be carefully attended to with the view of preventing the subsequent occurrence of pulmonary tuberculosis. Many cases of pleurisy with effusion were discharged from hospitals as cured, which frequently

* Abstract of remarks at the Tottenham Hospital, 29th October, 1903